

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA
TRANSCRIPT DESIGNATION AND ORDERING FORM

Please read instructions.

1. NAME Kalah A. Paisley, Assistant U.S. Attorney			2. PHONE NUMBER 406-761-7715		3. DATE 2/3/2021	
4. MAILING ADDRESS P.O. Box 3447			5. E-MAIL ADDRESS sherry.knaup@usdoj.gov		6. CITY Great Falls	7. STATE MT
8. ZIP CODE 59403		9. JUDGE Morris		10. CASE NAME U.S. v. Justin Zane Gobert		
11. U.S. DISTRICT COURT CASE NUMBER CR 19-81-GF-BMM			12. COURT OF APPEALS CASE NUMBER			
13. ORDER FOR						
<input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER - Specify						
14. TRANSCRIPT REQUESTED - Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.						
PORTIONS		DATE(S)	REPORTER	PORTIONS		DATE(S)
Change of Plea				Closing Argument - Plaintiff		
Pre-trial Proceeding				Closing Argument - Defendant		
Voir Dire				Settlement Instructions		
Opening Statement - Plaintiff				Jury Instructions		
Opening Statement - Defendant				Sentencing		
Testimony - Specify Witness				Other - Specify		
				Verdict portion of trial transcript		
						9/22/2020
						Yvette Heinze
15. ORDER						
CATEGORY	ORIGINAL Includes certified copy to clerk for records of the Court	FIRST COPY	ADDITIONAL COPIES	FORMAT REQUESTED Each format is billed as a separate transcript copy.		
				Paper		Electronic Specify File Format
30-Day	\$3.65/page <input type="checkbox"/>	\$.90/ page <input type="checkbox"/>	\$.60 page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
14-Day	\$4.25/page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	\$.60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
7- Day	\$4.85/ page <input type="checkbox"/>	\$.90/ page <input type="checkbox"/>	\$.60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
DAILY	\$6.05/page <input checked="" type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input checked="" type="checkbox"/> <input type="checkbox"/> A-Z word index
HOURLY	\$7.25/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$.90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size	<input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index
16. & 17. CERTIFICATE OF SERVICE, DISTRIBUTION and PAYMENT						
<p align="center">E-file this form with the clerk's office, mail to opposing counsel if they are not electronic filers and serve the court reporter. If payment is authorized under CJA, complete CJA 24 form through box 15 and attach to this order when e-filing. Financial arrangements must be made with the court reporter before transcript is prepared.</p>						
I certify that this form has been served on the court reporter this date: <u>2/3/2021</u> Attorney signature: <u>/s/ Kalah A. Paisley</u>						
Date order received by court reporter: _____ Expected transcript completion date: _____						